

STANDING ROCK COMMUNITY SCHOOL
9189 HWY 24, FORT YATES, ND 58538
APPLICATION FOR EMPLOYMENT

In compliance with Federal and Tribal equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, marital status, or the presence of non job-related medical conditions or handicap. Indian Preference in employment is considered by the Standing Rock Community School Board.

POSITION APPLIED FOR: _____ DATE OF APPLICATION: _____

NAME: _____ SOCIAL SECURITY NO: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 STREET P.O. BOX CITY STATE ZIP CODE

TELEPHONE: (HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS: _____

ARE YOU KNOWN BY ANOTHER NAME TO SCHOOLS AND REFERENCES? YES NO
IF YES, BY WHAT NAME? _____

WERE YOU PREVIOUSLY EMPLOYED AT THE STANDING ROCK COMMUNITY SCHOOL?
 YES NO IF YES, DATES OF EMPLOYMENT AND POSITION HELD _____

HOW DID YOU LEARN OF THIS POSITION? _____

DO YOU WISH TO WORK: FULL-TIME PART-TIME IF PART-TIME: HOURS: FROM _____ TO _____

IF EMPLOYED, WHEN WILL YOU BE AVAILABLE TO WORK? _____

ARE YOU CLAIMING INDIAN PREFERENCE? YES NO If yes, submit documentation.

ARE YOU CLAIMING VETERANS PREFERENCE? YES NO If yes, submit DD214.

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR INVOLVING CRIMES OF VIOLENCE; SEXUAL ASSAULT, MOLESTATION, EXPLOITATION, CONTACT OR PROSTITUTION; CRIMES AGAINST PERSONS; OR OFFENSES COMMITTED AGAINST CHILDREN? YES NO
IF YES, PLEASE EXPLAIN _____

ARE YOU CURRENTLY ON PROBATION OR PAROLE OR RECENTLY RELEASED FROM PRISON?
 YES NO IF YES, PLEASE EXPLAIN _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL ADDRESS _____

GRADUATED: YES NO GED YEAR: _____

COLLEGE OR UNIVERSITY* / ADDRESS MAJOR DEGREE/YR NO. CREDITS

TRADE SCHOOL*/OTHER*/ADDRESS FIELD GRADUATED: YES NO YEAR: _____

***To complete application, transcripts must accompany the application form.**

EMPLOYMENT EXPERIENCE

Please complete the following information for each job that you have held, starting with your present or most recent job. It is very important that you complete all information requested in order for Standing Rock Community School to be able to properly assess your job experience. Attach additional sheets, if necessary. Resume may be attached.

NAME OF EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____ TELEPHONE: _____
JOB TITLE: _____ SALARY: _____
STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____
DESCRIBE DUTIES:

NAME OF EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____ TELEPHONE: _____
JOB TITLE: _____ SALARY: _____
STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____
DESCRIBE DUTIES:

NAME OF EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____ TELEPHONE: _____
JOB TITLE: _____ SALARY: _____
STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____
DESCRIBE DUTIES:

REFERENCES

NAME:	OCCUPATION/TITLE:	ADDRESS:	TELEPHONE:	YRS. KNOW:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

***Three letters of reference are required to be submitted with this application.**

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge and hereby authorize designated Standing Rock Community School staff to conduct follow-up consultation regarding my previous employment and other information as may be necessary in arriving at an employment decision. I authorize a criminal records background check and fingerprinting. I also understand that if employed I will be subject to drug testing. I hereby release the Standing Rock Community School Board and their designated staff from all liability for other employers' or individuals' responses to inquiries in connection with this application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

APPLICATION PROCESS: SUBMIT COMPLETED APPLICATION WITH REQUIRED DOCUMENTATION (TRANSCRIPTS, THREE (3) LETTERS OF REFERENCE, DEGREE OF INDIAN BLOOD; if claiming Indian Preference) MAIL TO: Standing Rock Community School, Human Resource Office, 9189 HWY 24, Fort Yates, ND 58538.

Applicant Signature

Date



STANDING ROCK COMMUNITY SCHOOL
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Questionnaire/Application for a Child Care Position

Notice to Applicant: The Indian Child Protection and Family Violence Prevention Act Public Law 101-630 and the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used - Maiden name, from a former marriage, alias(s), or nickname(s).				4. Your Telephone No.		
				()		
5. Place of Birth			6. Social Security Number			
City	County		State			
7. Residence - List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list						
Month/Year 1) To	Month/Year	Street Address	City	State	Zip Code	
Month/Year 2) To	Month/Year	Street Address	City	State	Zip Code	
Month/Year 3) To	Month/Year	Street Address	City	State	Zip Code	
Month/Year 4) To	Month/Year	Street Address	City	State	Zip Code	
8. Residence on an Indian Reservation - List any Indian Reservations in which you have lived or worked in the last 5 years.						
9. Education - List the schools you have attended, beginning with the most recent and working back 5 years. Use item 18, if more space is needed.						
Month/Year To	Month/Year	Name of School		Degree/Diploma/Other	Month/Year Awarded	
Street Address and City of School				State	Zip Code	
10. Employment - List your employment activities, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."						
Month/Year 1) To	Month/Year	Employer Name		Position Title		
Employer Street Address			City	State	Zip Code	
Supervisor's Name	Telephone Number ()		Other Employer Reference		Telephone Number ()	
Reason You Left						

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Application Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
Employment Continued -				
Month/Year 2) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference		Telephone Number ()
Reason You Left				

Month/Year 3) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference		Telephone Number ()
Reason You Left				

Month/Year 4) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference		Telephone Number ()
Reason You Left				

Month/Year 5) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference		Telephone Number ()
Reason You Left				

Drivers License Number	State
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Application Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
11. Personal references - List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere else on this application.				
1. Name	Dates Known Month/Year Month/Year To		Telephone Number Day () Night ()	
Home or Work Address	City	State	Zip Code	
1. Name	Dates Known Month/Year Month/Year To		Telephone Number Day () Night ()	
Home or Work Address	City	State	Zip Code	
1. Name	Dates Known Month/Year Month/Year To		Telephone Number Day () Night ()	
Home or Work Address	City	State	Zip Code	

Background Information - For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.		
<p>12. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$15.00).</p> <p>If "YES", use item 20 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES	NO
<p>13. Have you been convicted by a military court-martial in the past 5 years?</p> <p>If "YES", use item 20 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES	NO
<p>14. Are you now under charges for any violation of law?</p> <p>If "YES", use item 20 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES	NO
<p>15. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any jobs by mutual agreement because of specific problems?</p> <p>If "YES", use item 20 to provide the date, explanation of the problem, reason for leaving, and the employer's name and address.</p>	YES	NO
<p>16. Have you ever been arrested for or charged with a crime involving a child?</p> <p>If "YES", use item 20 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p>	YES	NO

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Application Continuation					
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
<p>17. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?</p> <p>If "YES", use item 20 to provide the date, explanation of violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p>				YES	NO
<p>18. In the past 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs?</p> <p>If "YES", use item 20 to provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.</p>				YES	NO
<p>19. In the past 5 years have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?</p> <p>If "YES", use item 20 to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.</p>				YES	NO
<p>20. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.</p>					

Certification that my Answers are True		
<p>My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on an part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.</p>		
<p>_____</p> <p>Applicant's Initials</p>		<p>_____</p> <p>Date</p>
<p>I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report, from the reporting, agency made available to the Standing Rock Community School and my rights to challenge the accuracy and completeness of any information contained in the report.</p>		
<p>_____</p> <p>Applicant's Signature</p>		<p>_____</p> <p>Printed Name</p>
		<p>_____</p> <p>Date</p>



STANDING ROCK COMMUNITY SCHOOL

Authorization for Release of Information

Information contained in this questionnaire is for official use only.

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Standing Rock Community School, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me from the reporting agency.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by Standing Rock Community School only for the purposes of determining my suitability for employment with the Standing Rock Community School.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Standing Rock Community School, whichever is sooner.

Signature	Printed Name	Date Signed
Other Names Used	Date of Birth	Social Security Number
Current Address	City/State	Zip Code
Contact Number		

Submit